

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

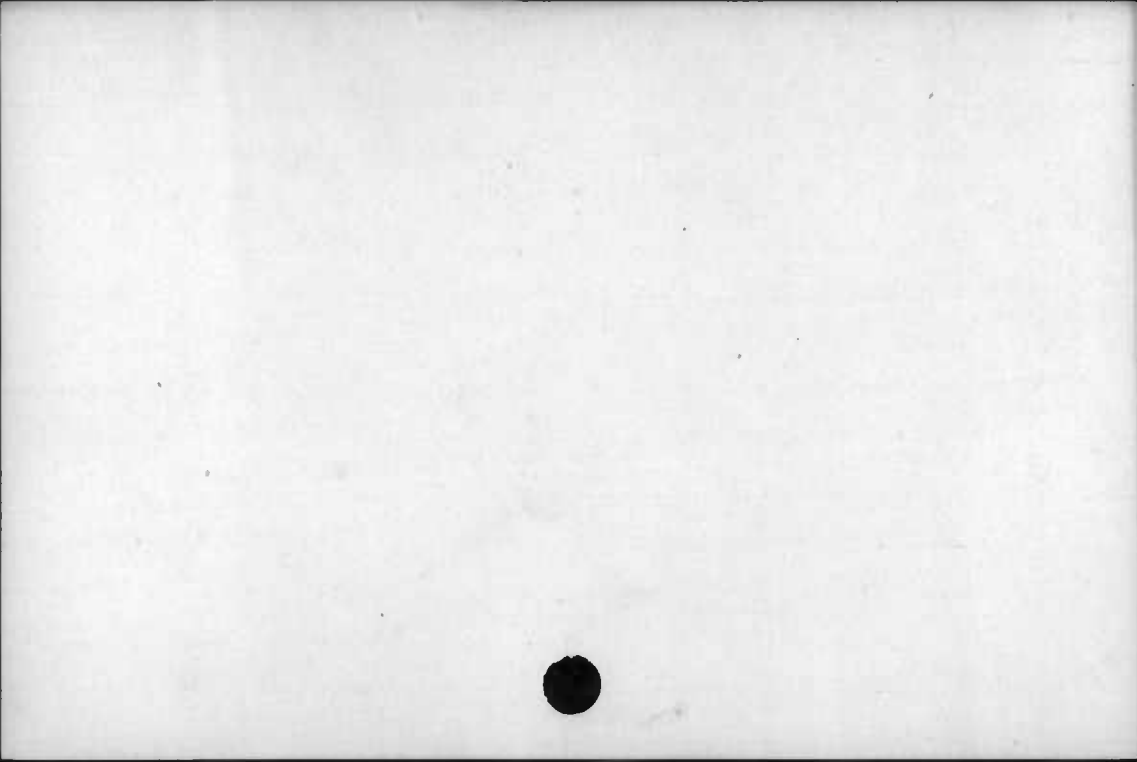
Name <i>John W. Dennis</i>		Town <i>New P. Queen</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>New P. Queen</i>		Date of death <i>1908</i>		Month <i>9</i>		Day <i>25</i>	
Age <i>60</i>		Years <i>60</i>		Months <i>✓</i>		Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane W. Dennis</i>					
Father's Name <i>Edward Dennis</i>		Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Anna Dennis</i>		Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Ben Dennis</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>		How long <i>Only few hours</i>	
Immediate <i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Smith (Two Dr. in attendance)</i>	
		Address <i>Pr. Queen ind</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*This place is used*

Town *Pocomoke, Md.* County *Somerset*

Died at *Pocomoke, Md.* *Somerset*

Date of death *1908* Month *Sept.* Day *13* Age *72* Months *-* Days *-*

Sex *male* Color or Race *colour.* Birth-place *Somerset Co.*

Occupation *farmer.* Where Residing if not at place of death *Somerset.*

Married, Single or Widowed *married* Name of Wife or Husband *Mildred H. Orsey.*

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving information *Charles Manuel* How related to deceased *None*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *coronary heart disease,* How long *two years.*

Immediate *Dropsy & exhaustion from disease* How long *gradual*

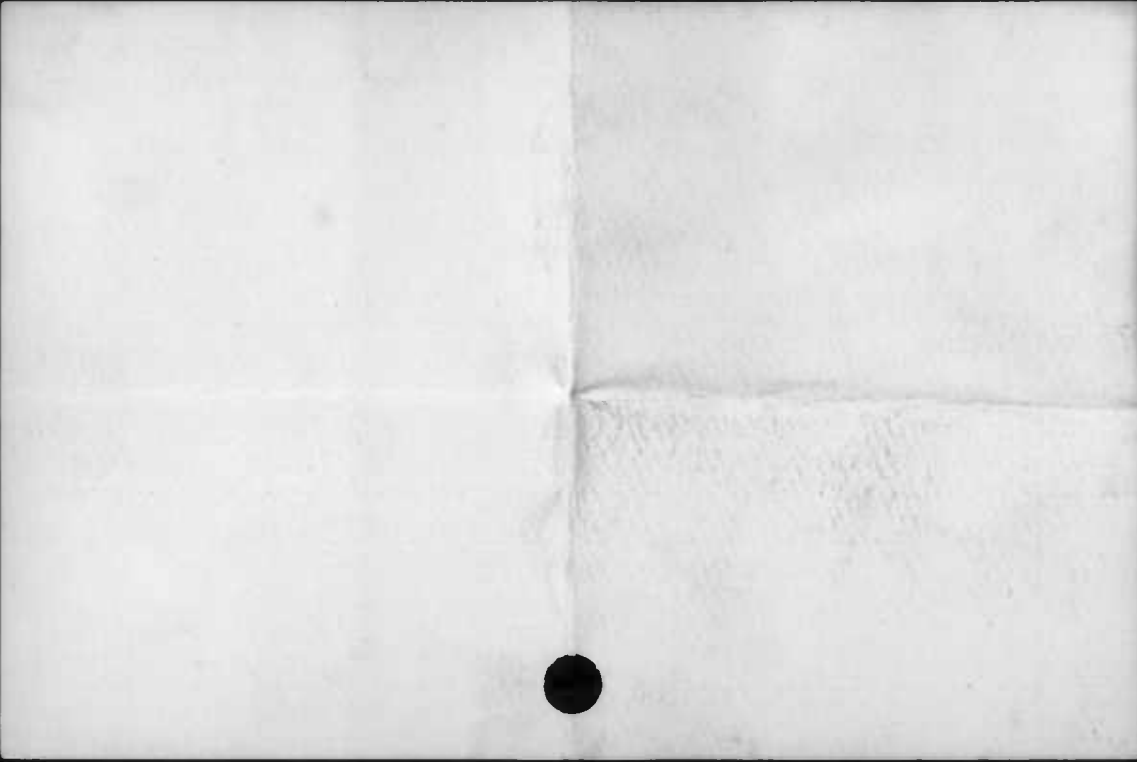
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. W. C. Z. Smith M. D.*

Address *Pocomoke Md.*

*Worcester County*

Accident or Suicide?



Name  
in  
Full

Nutter May Ent

## CERTIFICATE OF DEATH

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NEAREST FRIEND

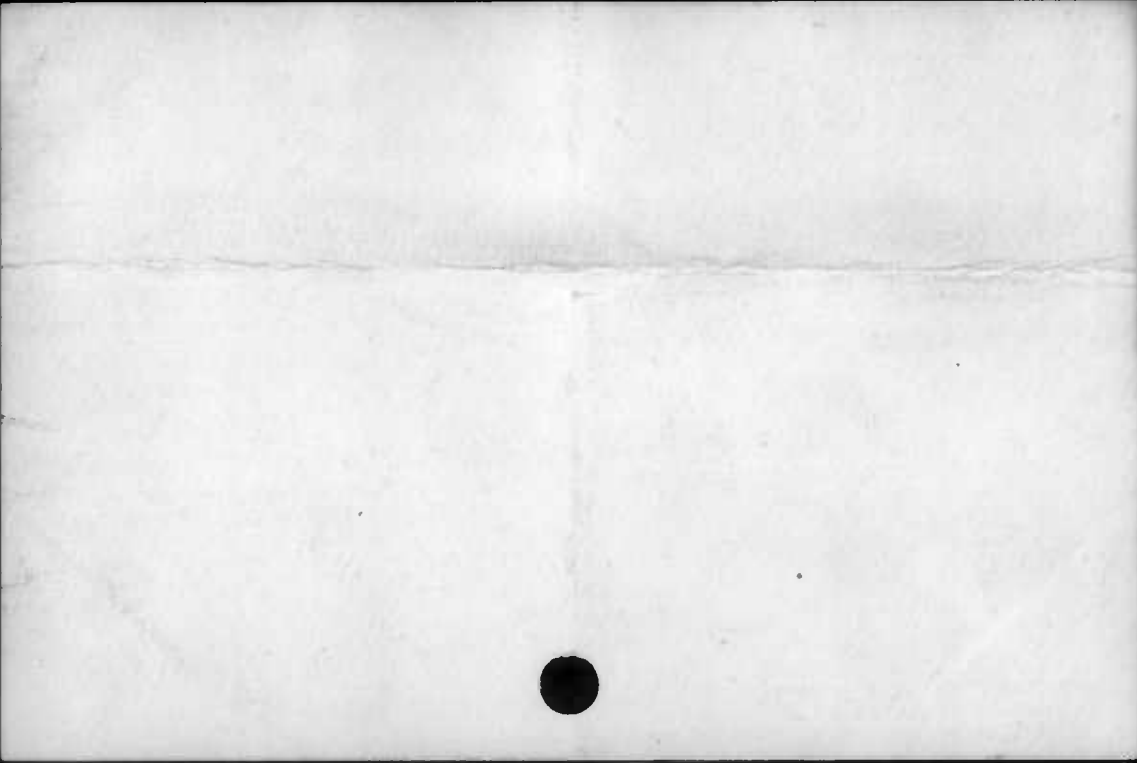
Died at <i>W. Fernon</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>19</i>	Age <i>—</i>	Months <i>8</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. Fernon</i>		
Occupation <i>-</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph Ent</i>			Father's Birthplace <i>Near Jersey</i>		
Mother's Maiden Name <i>Mrs. Dashiell</i>			Mother's Birthplace <i>Somerset Co.,</i>		
Name of person giving information <i>Joseph Ent</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>Five weeks</i>
Immediate	<i>Inflammation of bowels</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. A. Bange M.D.</i>	
		Address <i>Princeton</i>	
Accident or Suicide?		<i>P. F. D. No 2</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

Alon Cress

Town

County

Died at

Civell

Somerset

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908 Sept

25

Age

5

Sex

Female

Color or  
Race

White

Birth-  
place

Smith Island

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

S

Name of Wife or  
HusbandFather's  
Name

Major Cress

Father's  
Birthplace

Smith Id.

Mother's  
Maiden Name

Maggie Tyler

Mother's  
Birthplace

Smith Id.

Name of person giving  
information

Mae Brad.

How related  
to deceased

not related

## CAUSES OF DEATH

61

Primary

Cerebro-spinal mening

How long

3 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. H. Powers

Civell,  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Geo. H. Gladden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

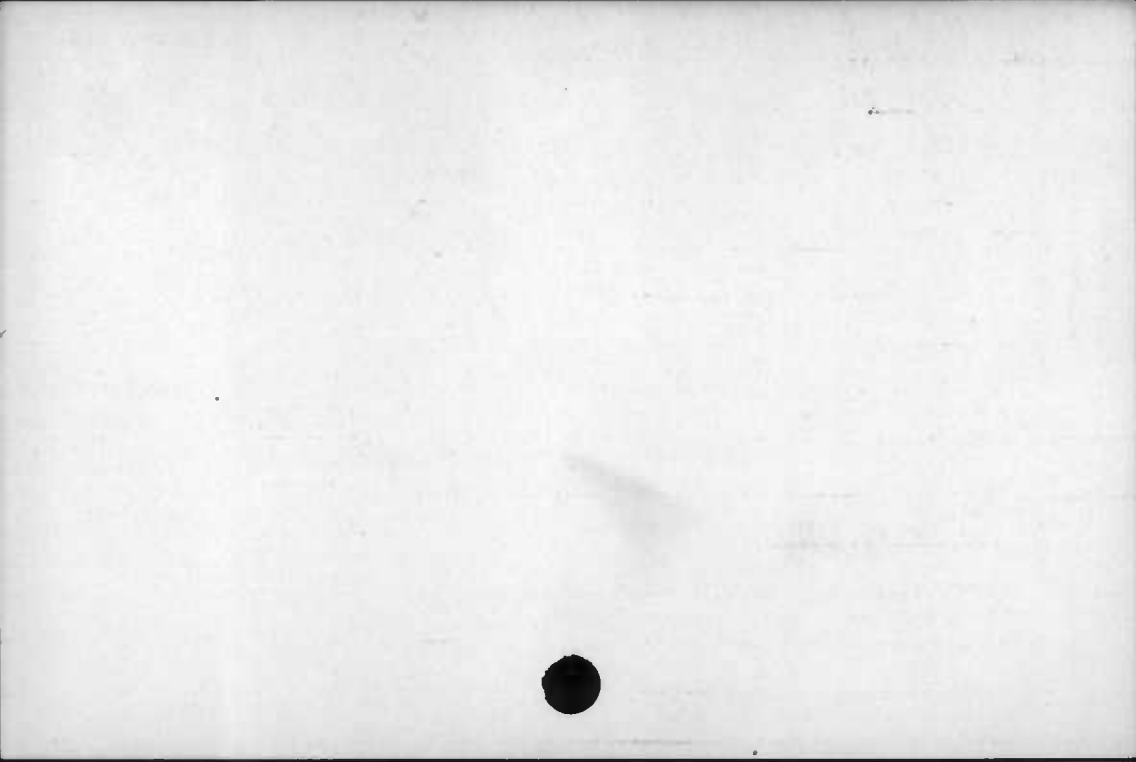
Died at <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>75</i>	Months <i>7</i>	Days <i>19</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Princess Anne</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or <del>Husband</del> <i>Elizabeth H. Gladden</i>			
Father's Name <i>Geo. Gladden</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Frank C. Gladden</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>	How long	
Immediate	<i>Cerebral</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. J. Smith M.D.</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide?			



Name  
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Full

Elmer Hamilton Breen.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

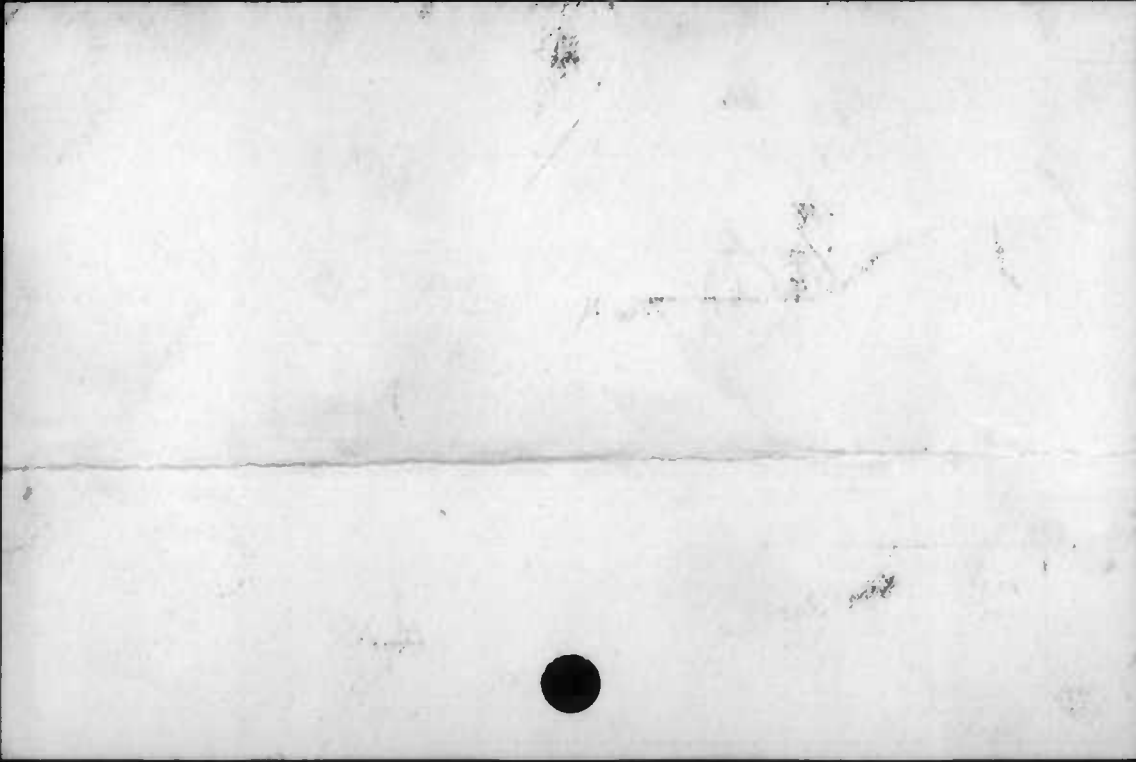
Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>25</i>	Years <i>17</i>	Months <i>8</i>	Days		
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>A. H. Breen</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Verma Bloodworth</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>A. H. Breen</i>		How related to deceased <i>father</i>					

## CAUSE OF DEATH

1

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>About 2 weeks.</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. F. Fisher, M.D.</i>
<i>J</i>	Address <i>Princess Anne, md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Caroline Johnson</i>		Town <i>Lawsonia</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Lawsonia</i>		Month <i>8</i>		Day <i>6</i>		Years <i>36</i>	
Date of death 190 <i>1</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Johnson</i>					
Father's Name <i>Isaac Byrd</i>		Father's Birthplace <i>Somerset</i>					
Mother's Maiden Name <i>Leah Sterling</i>		Mother's Birthplace <i>Somerset</i>					
Name of person giving Information <i>Leah Byrd</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary		How long <i>2 mos</i>	
Immediate <i>Nephritis Acute</i>		How long <i>2 mos</i>	
Are the name, age, sex, color, date and place correctly given above? <i>9</i>		Signature of Physician <i>CO Collins</i>	
		Address <i>Cusfield</i>	
Accident or Suicide <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Emory Johnson*

Town *Princess Anne* County *Somerset* MARYLAND

Died at *Princess Anne*

Date of death 1908 Month *Sept* Day *27* Age *67* Years Months *-* Days *-*

Sex *male* Color or Race *Black* Birth-place *Ind*

Occupation *Labr* Where Residing if not at place of death *-*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Lizzie Johnson*

Father's Name *Thomas Johnson* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Leonard Thomas* How related to deceased *none*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Senility* How long *-*

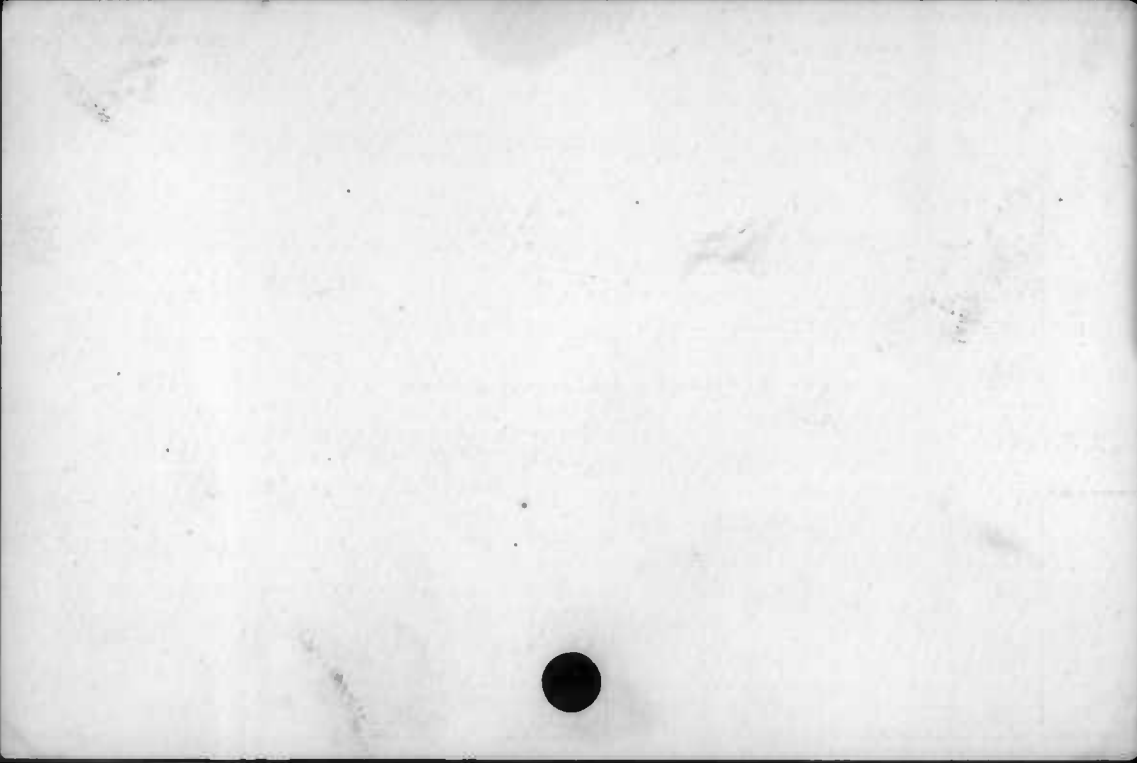
Immediate *Enlargement of heart* How long *several months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. T. Fisher M.D.*

Address *Princess Anne*

Accident or Suicide? *no*





Name  
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## CERTIFICATE OF DEATH

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NEAREST FRIEND

MARYLAND

Died at *Upper Fairmount* <sup>Town</sup> *Cornsett* <sup>County</sup>Date of death *1908* <sup>Month</sup> *Sept* <sup>Day</sup> *28th*Age *48* <sup>Years</sup>

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*Fairmount*

Occupation

*Oyster Shucker*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Sarah K. Johnson*Father's  
Name*James E. Johnson Sr*Father's  
Birthplace*Cornsett Co*Mother's  
Maiden Name*Christiana Johnson*Mother's  
Birthplace*Cornsett Co*Name of person giving  
In formation*Levin F. Waters*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Valvular Disease of Heart*

How long

*76 months*

Immediate

*Same*

How long

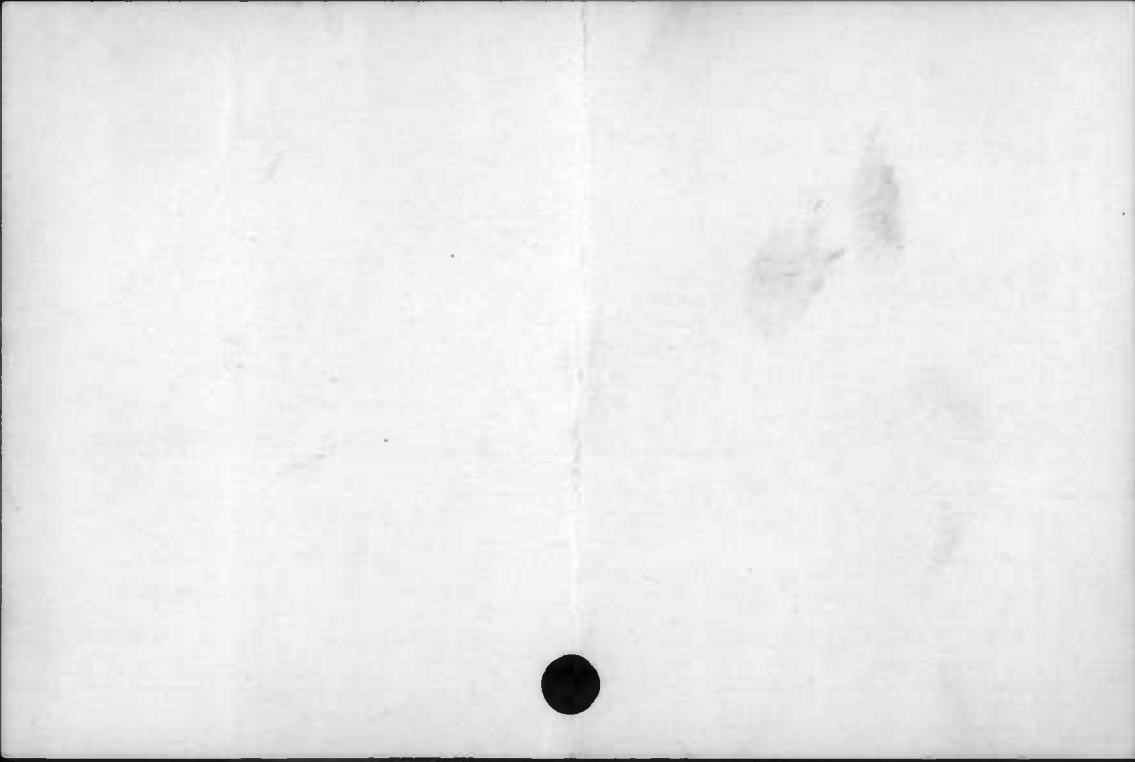
*"*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*G. E. Dickinson*

Address

*Upper Fairmount*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Corina Jones

## CERTIFICATE OF DEATH

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NEAREST FRIEND

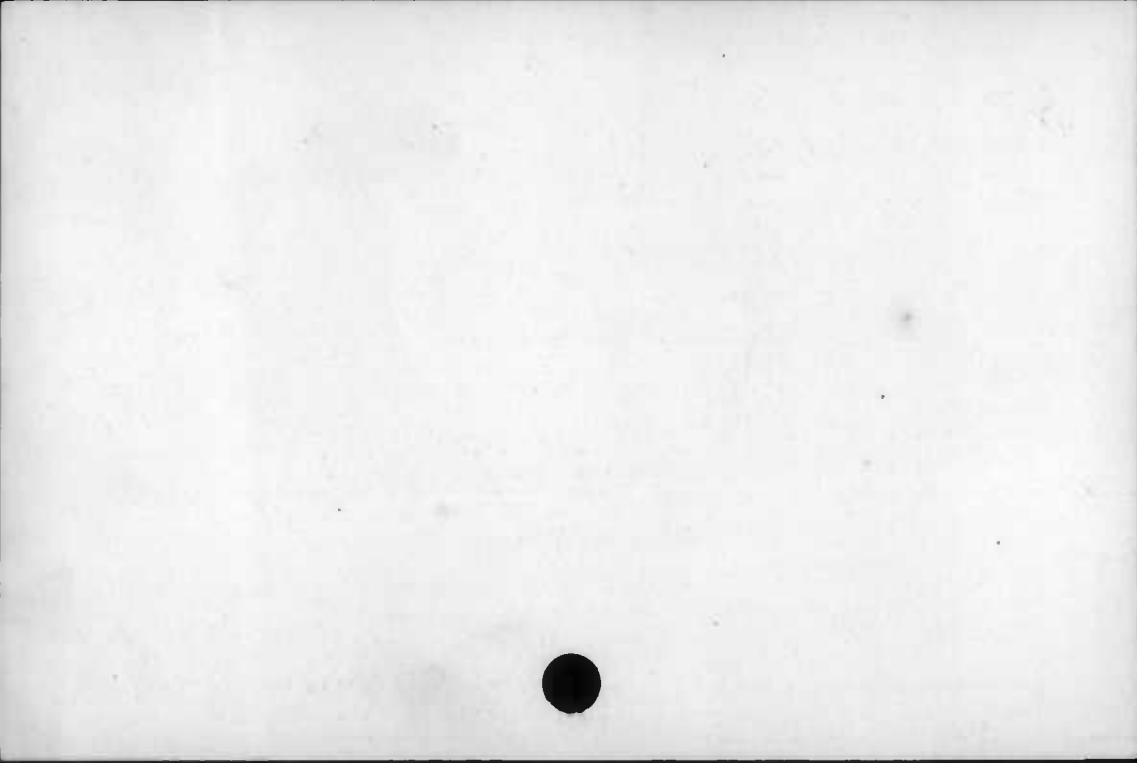
Died at		Town <i>Chambers</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1908	Month <i>Sept.</i>	Day <i>25th</i>	Age	Years	Months <i>3</i> Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Som. G.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Garfield Jones</i>				Father's Birthplace <i>Som. G.</i>			
Mother's Maiden Name <i>Elnora Pinkett</i>				Mother's Birthplace <i>Som. G.</i>			
Name of person giving information <i>Garfield Jones</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>1 week</i>
Immediate	<i>asthemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. J. Windsor M.D.</i>	
Yes <i>Yes</i>		Address <i>Danvers Quailin, Somerset G., Md</i>	
No <i>No</i>			
Accident or Suicide?			



Name  
in  
Full

James R. Jones

## CERTIFICATE OF DEATH

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NEAREST FRIEND

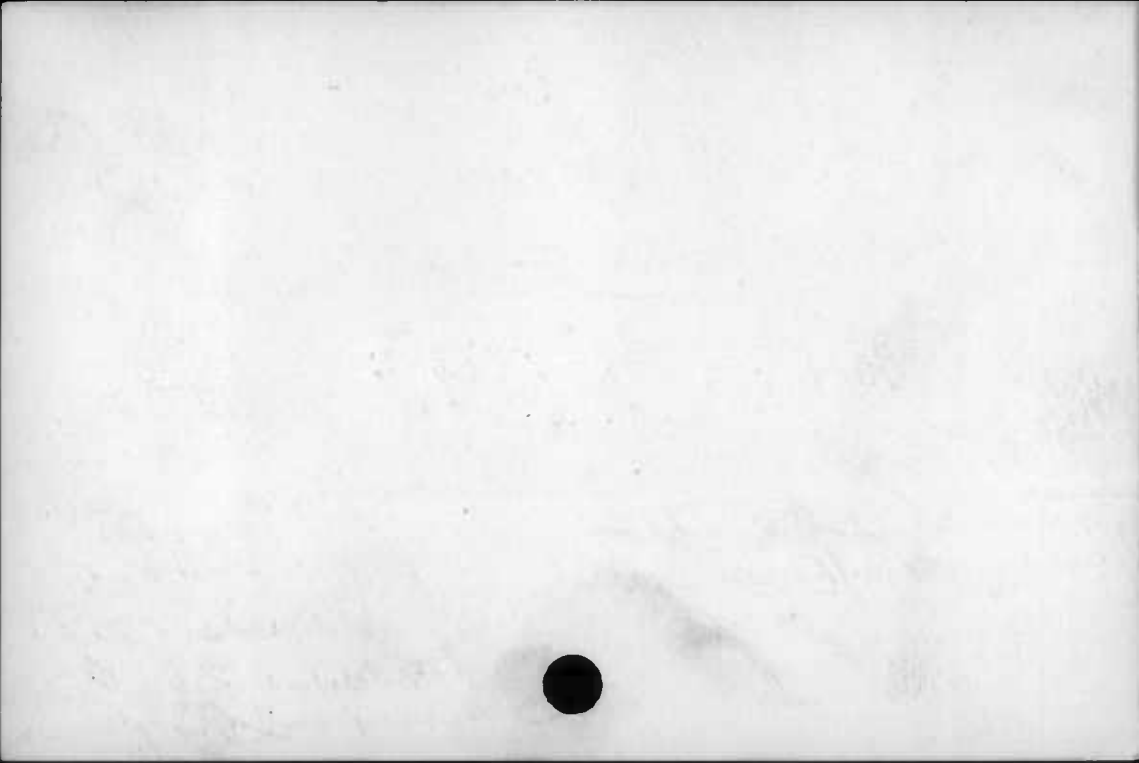
Died at		Town Chambers		County Somerset		MARYLAND	
Date of death		1908	Month Sept.	Day 15th	Age	Years	Months 8
Sex		male		Color or Race		Colored	
Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Clarence Jones		Father's Birthplace		Som. Co.	
Mother's Maiden Name		Bertha M. Wright		Mother's Birthplace		Som. Co.	
Name of person giving information		Clarence Jones		How related to deceased		Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Iles - Crific.	How long	one month
Immediate	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. J. Lowmeyer, M.D.	
Address		Somerset Co., Md.	
Accident or Suicide?		—	



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

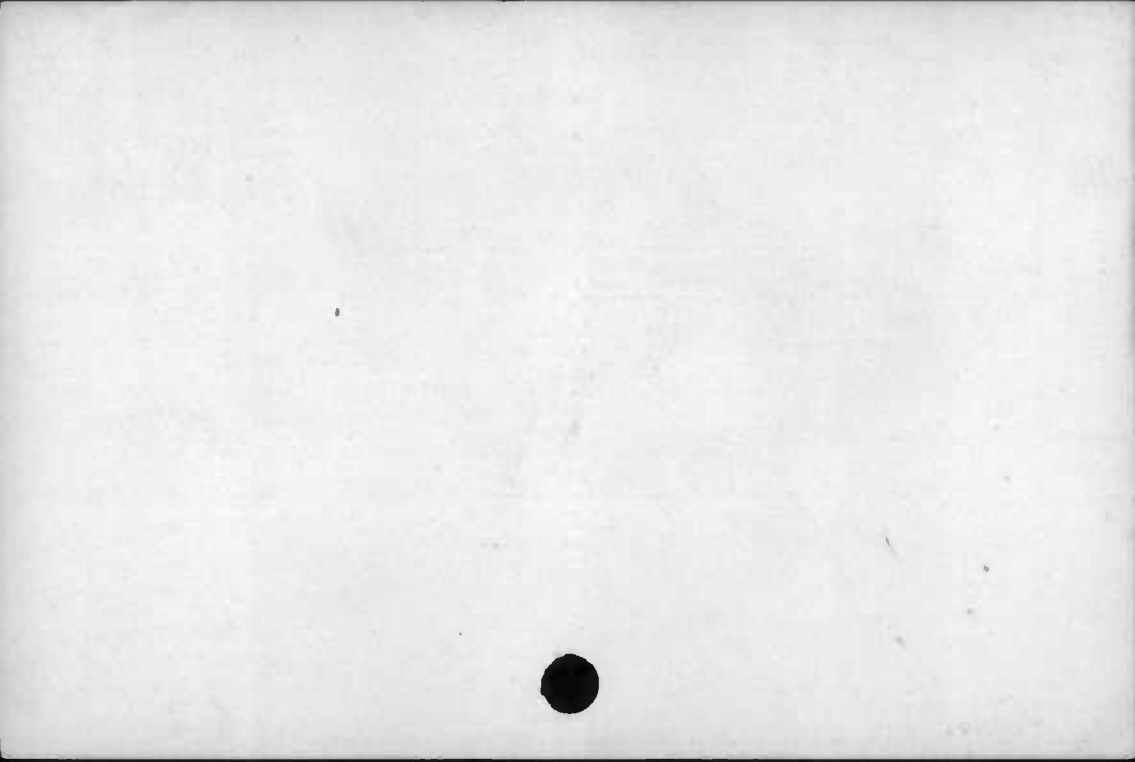
Name in Full <b>Roxanne Jones</b>		Town <b>Danvers</b>		County <b>Somerset</b>		MARYLAND	
Died at <b>Danvers</b>		Month <b>8</b>		Day <b>1</b>		Years <b>60</b>	
Date of death <b>1908</b>		Month <b>8</b>		Day <b>1</b>		Years <b>60</b>	
Sex <b>Female</b>		Color or Race <b>Black</b>		Birth-place <b>md</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Henry A Jones</b>		Father's Name <b>Chas Jones</b>		Father's Birthplace <b>md</b>	
Mother's Maiden Name <b>Sallie</b>		Father's Name <b>Chas Jones</b>		Mother's Birthplace <b>md</b>		How related to deceased <b>Husband</b>	
Name of person giving information <b>Henry A Jones</b>		Father's Name <b>Chas Jones</b>		Mother's Birthplace <b>md</b>		How related to deceased <b>Husband</b>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Nephritis</b>	How long <b>2 yrs.</b>
Immediate <b>Asphyxia</b>	How long <b>1 hr.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. J. [illegible]</b>
Address <b>[illegible]</b>	
Accident or Suicide?	





Name  
in  
Full

Reynah Lourd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Crutche</u> <small>Town</small>		<u>Somerset</u> <small>County</small>	
Date of death <u>1908</u> <small>Month</small>	<u>Sept</u> <small>Day</small>	<u>7</u> <small>Age</small>	<u>5-4</u> <small>Years</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	<u>Ind</u> <small>Months</small>
Occupation <u>Housework</u>	Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Reynah Lourd</u>		
Father's Name <u>Dan</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Ranzie Lourd</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <u>Apertures</u>	How long <u>2 weeks</u>
Immediate <u>Intoxication</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robt. H. H. H.</u>
Address <u>Crutche Ind</u>	
Accident or Suicide? <u>No</u>	



Name  
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Full

## CERTIFICATE OF DEATH

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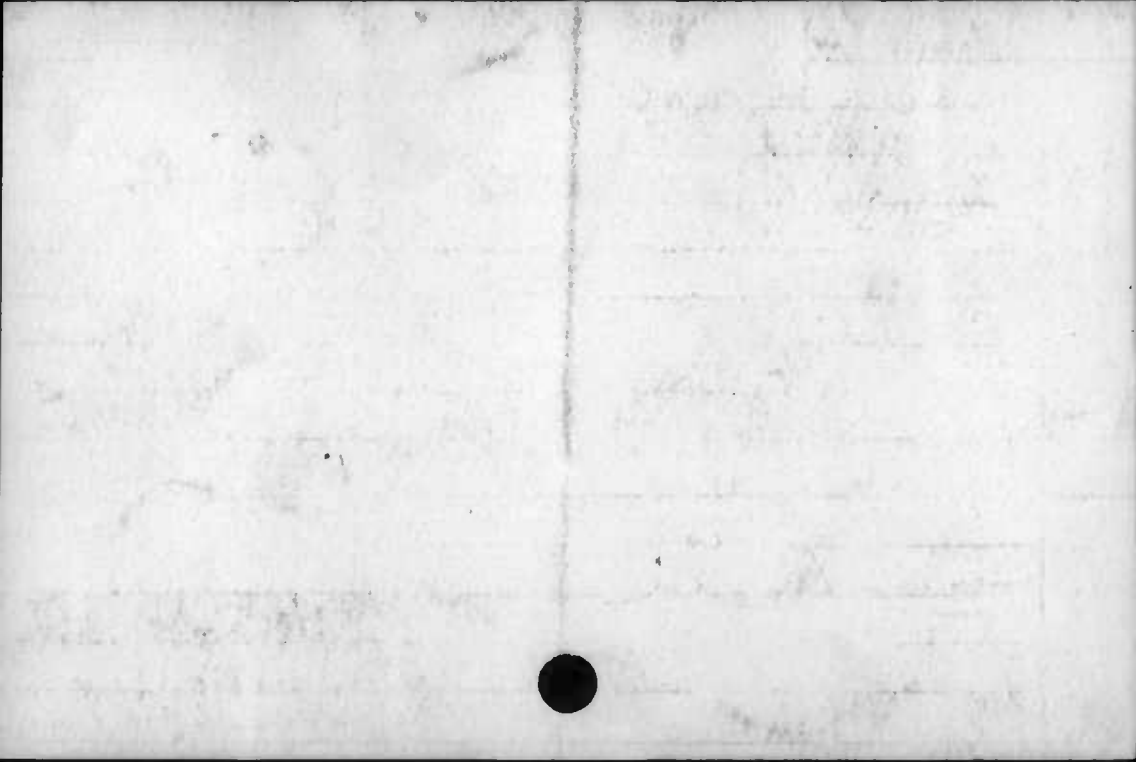
Died at <i>Smith Island</i>		Town <i>Smith</i>		County <i>Smith</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>9th</i>		Age <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Smith Co</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>James Phrabus</i>				Father's Birthplace <i>Smith Co</i>			
Mother's Maiden Name <i>Ida Jones</i>				Mother's Birthplace <i>Smith Co</i>			
Name of person giving information <i>James Phrabus</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera</i>	How long <i>3 months</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Winters, M.D.</i>
<i>J</i>	Address <i>Smith Co, Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Adaline Shores

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James Smith</i> Town <i>Somerset</i> County <i>MARYLAND</i>	
Date of death <i>1908</i> Month <i>Sept</i> Day <i>17th</i> Age <i>46</i> Years Months Days	
Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Som. Co.</i>	
Occupation <i>Housewife</i> Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Robt. Shores</i>	
Father's Name <i>Thomas Shores</i> Father's Birthplace <i>Somerset Co.</i>	
Mother's Maiden Name <i>M. Shores</i> Mother's Birthplace <i>Somerset Co.</i>	
Name of person giving information <i>Robt. Shores</i> How related to deceased <i>Husband</i>	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Stroke de cory*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Dr. S. Kelly (Local Registrar)*  
*James Belantier,*  
*Somerset Co., Md.*

Accident or Suicide?



Name  
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Ernest Shorne

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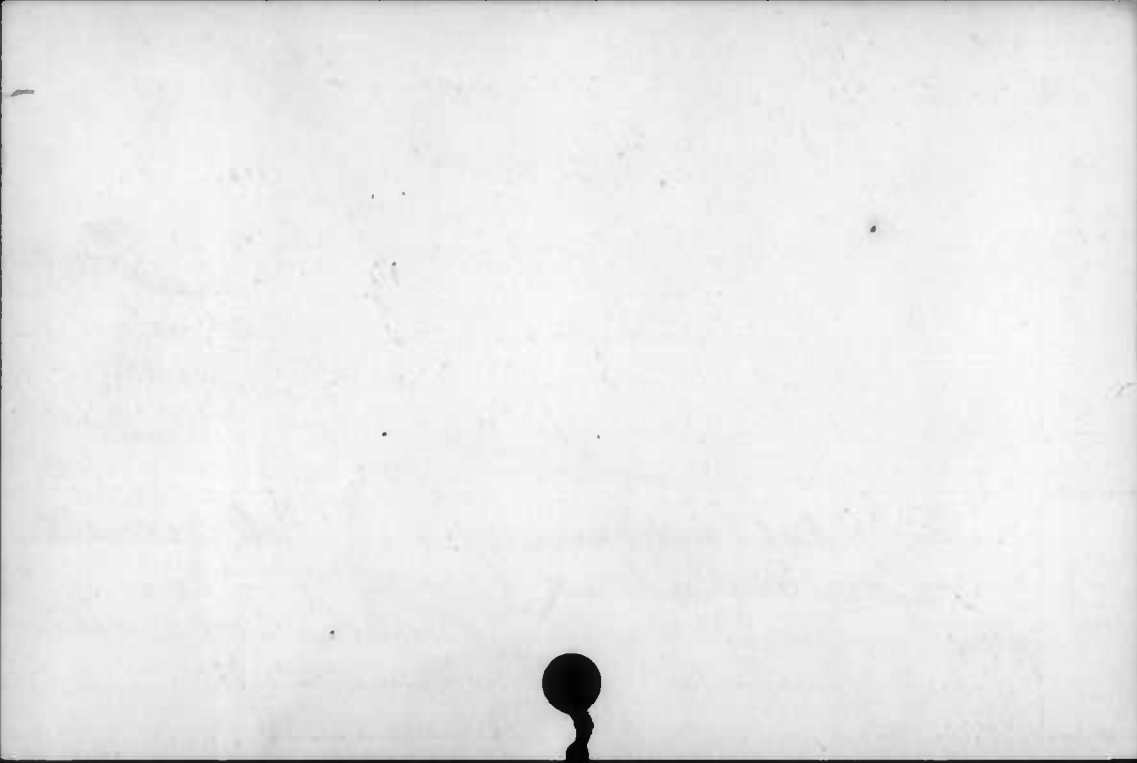
Died at <i>Dames Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1908	Month	Sept.	Day	13th
Age	36	Years		Months	
Sex	Male	Color or Race	White	Birth-place	<i>Somerset Co.</i>
Occupation	<i>Cyeterman</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Mary Boyman</i>		
Father's Name	<i>Emory Shorne</i>			Father's Birthplace	<i>Somerset Co.</i>
Mother's Maiden Name	<i>Margaret White</i>			Mother's Birthplace	<i>Somerset Co.</i>
Name of person giving information	<i>Emory Shorne</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>one year</i>
Immediate	<i>Asthma</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. J. W. Under, M.D.</i>
		Address	<i>Dames Quarter, Somerset Co., Md.</i>
Accident or Suicide?	<i>no</i>		





Name  
in  
Full

Mary L Shores

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edwell</u> <small>Town</small>		<u></u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Sep</u> <small>Day</small>	<u>14</u> <small>Age</small>	<u>8</u> <small>Years</small>	<u>10</u> <small>Months</small>
<u>29</u> <small>Days</small>	Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Ind</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>J. F. Shore</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Adie F. Webster</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Isaac F. Shores</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary <u>Tuberculous Meningitis</u>	How long <u>2 months</u>
Immediate <u>Convulsions</u>	How long <u>3 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Char. S. Schwartz</u>
	Address <u>Wash. Island</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Sydney William Smith

Town

County

MARYLAND

Died at

Ogleton

Somerset

Date

Month

Day

Years

Months

Days

of death

1908 Sept

29

Age

4

16

Sex

Male

Color or  
Race

White

Birth-  
place

Ogleton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

George Smith

Father's  
Birthplace

Smiths Id.

Mother's  
Maiden Name

Eliza Annie Bradshaw

Mother's  
Birthplace

Smiths Id.

Name of person giving  
Information

Eliza Annie Bradshaw

How related  
to deceased

Mother

## CAUSES OF DEATH

92

Primary

Pneumo pneumonia

How long

5 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. H. Davis  
Cowell  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

78



Name  
In  
Full

William J. Sterling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lansfield		County Somerset		MARYLAND	
Date of death		1908	Month 19	Day 29	Age 73	Years 73	Months Days
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Farmer				Where Residing if not at place of death Lansfield, Md			
Married, Single or Widowed		Name of Wife or Husband Maudie		Annie Sterling			
Father's Name		William Sterling		Father's Birthplace		Md	
Mother's Maiden Name		Nellie Sterling		Mother's Birthplace		Md	
Name of person giving In formation		G. T. Simonson		How related to deceased		None	

## CAUSES OF DEATH

65

PHYSICIAN  
OR CORONER

Primary	Softening of Brain	How long 3 months
Immediate	Cerebral Haemorrhage	How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		G. T. Simonson
Address		Lansfield Md
Accident or Suicide?		



Name  
in  
Full

fileeey Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

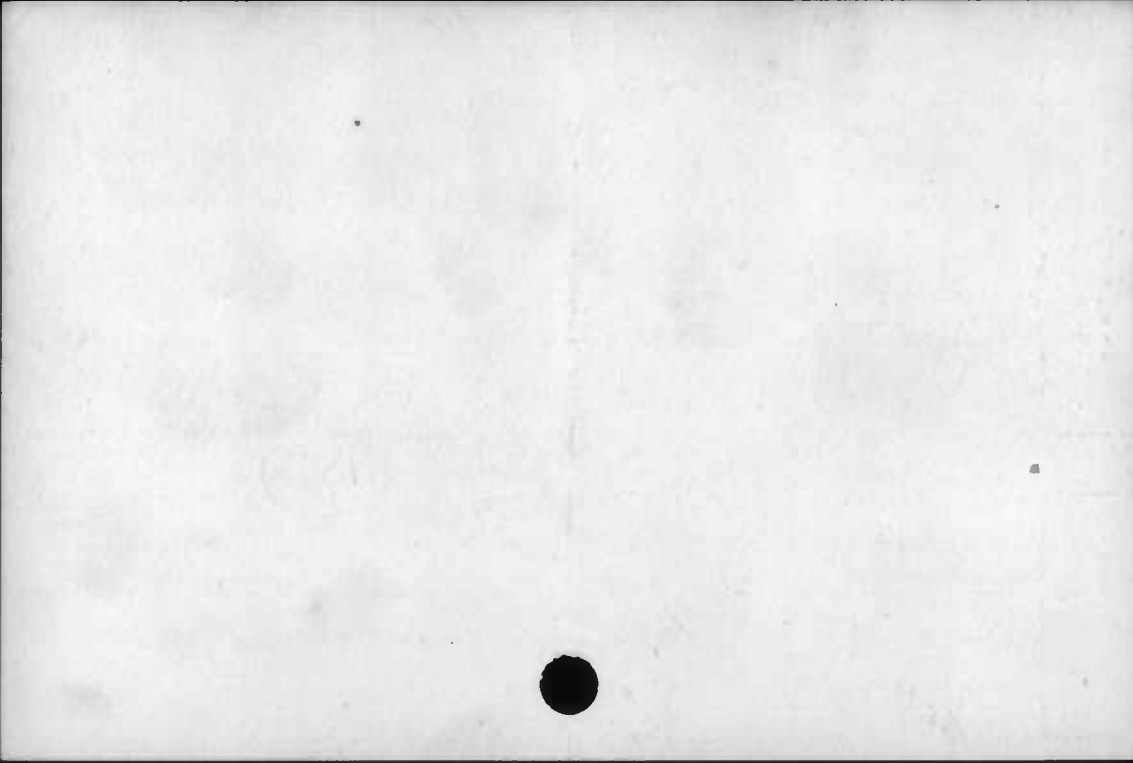
Died at <i>Deal's Island</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> <small>Month</small>	<i>25th</i> <small>Day</small>	Age <i>84</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Deal's Island</i>		
Married, <del>Single</del> <i>Widowed</i>		Name of Wife or Husband <i>John B. Thomas</i>			
Father's Name <i>Bennie Thomas</i>			Father's Birthplace <i>Smiths Island</i>		
Mother's Maiden Name <i>Rachel Thomas</i>			Mother's Birthplace <i>Smiths Island</i>		
Name of person giving information <i>Johnney Thomas</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>5 1/2 years</i>
Immediate <i>Asthemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo B. Langer</i>
	Address <i>Deal's Island Md.</i>
Accident or Suicide?	





Name in Full		Martha Ellen Lins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Wilmington		County Somerset		MARYLAND		
	Date of death	1908	Month Sept	Day 22	Age 78	Months	Days	
	Sex	Female		Color or Race	White		Birth- place	Ind
	Occupation	Housewife			Where Residing if not at place of death			✓
	Married, Single or Widowed	Single			Name of <del>Wife</del> Husband			Jesse Lins
	Father's Name	Jesse Snupkins			Father's Birthplace			Ind
	Mother's Maiden Name	Betty Snupkins			Mother's Birthplace			Ind
Name of person giving In formation	Walbur Lins			How related to deceased			Son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Dementia				How long	5 yrs	
	Immediate	Nephritis + Bronchitis				How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	16 L. Stoughton	
	Address	Orville Ind						
Accident or Suicide?	No							

